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SERIAL NUMBER 10/729,507	FILING OR 371(c) DATE 12/05/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 01190.173901US	
APPLICANTS Norman R. McCombs, Tonawanda, NY; Michael R. Valvo, East Aurora, NY; ** CONTINUING DATA ***** This appln claims benefit of 60/432,913/12/12/2002 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/15/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15/14	INDEPENDENT CLAIMS 2
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TITLE Portable hypoxic apparatus					
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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